PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10827318													
											THAN ENTITY	1	
F	OTAL CLAIMS	5						RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FE	385.00	OR	BASIC FEE	770.00	Ì
TOTAL CHARGEABLE CLAIMS			4 minus 20=		· Ø			X\$ 9=		OR	X\$18=		1
INDEPENDENT CLAIMS			/ minus 3 =		· P			X43=		OR	X86=		1
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					•145=	<del>                                     </del>	1			1
• 11	the difference	e in column 1 is	column 2		TOTAL	<del> </del> -	OR	TOTAL	7/00	ł			
CLAIMS AS AMENDED - PART II OTHER 1											ــــــــــــــــــــــــــــــــــــــ	1	
(Column 1)			(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	KER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	-10		-		X\$ 9=		OR	X\$18=		
	Independent	. /	Minus	/		•		X43≖		OR	X86=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·		<b>†</b>		200		
+145= TOTAL									OR	+290= YOTAL			
	149/05							NODIT. FEE		OR	ADDIT. FEE		
	·	(Column 1)	<u> </u>	(Colum		(Column 3)	Æ					2001	
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUM8 PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE	
	Total	. 8	Minus	-20	2	- /		X\$ 9=	/	OR	X\$187		
	Independent	・ス	Minus	-2		= /	Ī	X43=/		OR	X86-		L,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ				/mm_\		$\mathbb{Z}$
10/4											+290= TOTAL	<u> </u>	
		•					· . A	DOIT. FEE		OR,	DOT. FEEL		
		(Column 1)		(Colum:		(Column 3)		·		_			
ᇎᅡ		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	•	Minus	•			ſ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	1	X43=		·	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.													
A	the "Highest Nur the "Highest Nur	on i is less than the ober Previously Pai ober Previously Pai ober Previously Paid	For IN THIS I For IN THIS	SPACE is I	ess than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE	<del></del>		TOTAL DOTT. FEEL Inn 1.		

FORM PTO-875 (Rev 10/03)

PEGET AVAILABLE COPY